



DEPARTMENT OF PUBLIC SOCIAL SERVICES

WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number:

04-21

Date:

08/12/04

Administrative Memorandum

**SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) OVERPAYMENT -
ESTABLISHING AN ACCOUNT AT SPECIAL OPERATIONS SECTION**

REFERENCE: N/A

CANCELS: N/A FILE IN: WFP&I Handbook, Section 17-100 and Section 22-100

SPECIAL ATTENTION: [X] SWFIs [X] WFIs

I. PURPOSE

This Administrative Memorandum releases procedures for notifying the General Services Division, Special Operations Section (SOS), that the Welfare Fraud Prevention and Investigations (WFP&I) Section has computed a fraud overpayment on an In Home Supportive Services (IHSS) case.

II. POLICY/PROCEDURES

Effective with the release of this Administrative Memorandum (AM) the Welfare Fraud Investigator shall:

1. Schedule the repayment interview per existing procedures.
2. Request that the responsible individual complete the revised WFP&I 260-IHSS (08/04), In-Home Supportive Services Repayment Agreement (Attachment I).
3. Forward a copy of the PA 426, Computation Worksheet, to the SOS along with the WFP&I 398, Cover Memo (Attachment II) and a copy of the completed WFP&I 260, In-Home Supportive Services (IHSS) Repayment Agreement if applicable.

Please direct questions concerning this Administrative Memorandum to your immediate supervisor


Luther Evans, Director
Welfare Fraud Prevention & Investigations Section

LE:MH:mh

Attachments

c: Deputies
Chief Clerk

IN-HOME SUPPORTIVE SERVICES (IHSS) REPAYMENT AGREEMENT

IHSS RECIPIENT NAME		SOCIAL SECURITY NUMBER	IHSS CASE NUMBER
PROVIDER NAME		PROVIDER SOCIAL SECURITY NUMBER	
FRAUD COMMITTED BY: <input type="checkbox"/> Recipient <input type="checkbox"/> Provider		CASE TYPE: <input type="checkbox"/> Residual <input type="checkbox"/> PCSP	
Payee for Advanced Pay Cases (the Recipient)		Payee for Arrears Pay Cases (the Provider)	

I/We agree to repay the County of Los Angeles \$_____ for excessive aid received from _____ through _____. I/We am/are now making an initial payment of \$_____ and will pay the balance in monthly installments of not less than \$_____ beginning the _____ day of _____, 20____ and continuing on the same day of each month until the above amount is fully repaid.

I/We agree to provide a financial statement upon the request of the County of Los Angeles and will renegotiate this agreement or pay the total remaining unpaid balance if my financial situation permits. I/We agree that if any installment is not paid when due, the entire remaining unpaid amount shall become due and payable at the option of the County of Los Angeles and that I/We may become subject to legal action.

PURSUANT TO SECTION 360.5 OF THE CODE OF CIVIL PROCEDURE, I/WE AGREE THAT ALL STATUTES OF LIMITATIONS UPON DEBT REFERRED TO ABOVE ARE HEREBY AND FOREVER WAIVED.

I/We understand that signing this agreement does not prevent the District Attorney from considering my case for criminal prosecution.

SIGNATURE	DATE	SIGNATURE	DATE
WITNESS (INVESTIGATOR)	DATE	APPROVED (SUPERVISOR)	DATE

Print Name (First, MI, Last)				Print Name (First, MI, Last)			
Social Security Number		Driver License Number		Social Security Number		Driver License Number	
Address Street		City		Address Street		City	
State Zip Code		Telephone Number ()		State Zip Code		Telephone Number ()	
* Employer's Name				* Employer's Name			
Employer's Address Street		City		Employer's Address Street		City	
Employer's State Zip Code		Employer's Telephone Number ()		Employer's State Zip		Employer's Telephone Number ()	

Write your IHSS case number on all checks or money orders. Make checks or money orders payable to DPSS and mail to:

DPSS/Fiscal Operations Section
Attention Cashier
P.O. Box 76687
Los Angeles, CA 90076 – 0687

* If the fraud is "Provider" fraud, the employer is the recipient. If the fraud is "Recipient" fraud, indicate Non-Applicable in the space provided for employer.

DEPARTMENT OF PUBLIC SOCIAL SERVICES



BUREAU OF SPECIAL OPERATIONS

Date:

TO: Anita Keyes-Spenser, Director
Special Operations Section

Attention: Evelyn Barragan, Supervisor
Repayments Unit

FROM: Luther Evans, Director
Welfare Fraud Prevention & Investigations Section

SUBJECT: OVERPAYMENT COMPUTATION - IHSS CASE

WFP&I has completed an investigation of an allegation of welfare fraud on the following case:

IHSS Recipient Name_____
Social Security Number_____
IHSS Case Number_____
Provider Name:_____
Provider Social Security Number☐ Residual ☐ PCSP
Case Type☐ Recipient ☐ Provider ☐ Other
Fraud Committed by_____
Name of Authorized Representative or Responsible Individual_____
Address of Responsible Individual_____
City_____
State_____
Zip Code

An overpayment has been computed and a copy of the PA 426, Computation Worksheet, is attached.

Please let me know if you need additional information, or your staff may contact the Welfare Fraud Investigator listed below.

WFI Name and File Number_____
Telephone Number

LE:le

Attachment

c: Central Fraud Folder